



Today's Date: ___/___/___



For DCWR Staff
Approved: YES / NO

REQUEST FORM

Organization Name: _____ Contact Person: _____

E-mail Address: _____ Phone Number: _____

Expected # of Visitors: _____ Date(s) & Time(s) requested: _____

DESCRIPTION OF EVENT: (Please include details on target audience, purpose & duration. Feel free to attach promotional material if applicable.)

Table with 4 columns: Request Details, Yes, No, Additional Comments. Rows include questions about mission advancement, landfill visits, usage within Dane County, driver requirements, and donation amounts.

Please visit our Trash Lab FAQs web page for more details on hosting the Trash Lab and email completed form to Sujata at gautam.sujata@countyofdane.com.